The following CPT codes will be reimbursed at a rate not to exceed the amounts listed below.

Code	Code Description	Reimbursement Rate
80055	OBSTETRIC PROFILE	\$37.99
82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY I	\$4.49
86850	RBC ANTIBODY SCREEN	\$9.12
86860	RBC ANTIBODY SCREEN	\$22.80
86870	RBC ANTIBODY IDENTIFICATION	\$19.00
86901	BLOOD TYPING, RH(D)	\$5.32
86945	BLOOD PRODUCT/IRRADIATION	\$25.16
86970	PRETREATMENT RBC, DRUGS	\$17.28
86971	PRETREATMENT RBC, DILUTION	\$17.28
86972	PRETREATMENT OF RBCs FOR USE IN RBC ANTIBODY DETECTI	\$16.65
86975	PRETREATMENT SERUM, DRUGS	\$16.65
86976	RBC PRETREATMENT,SERUM	\$16.65
86977	RBC PRETREATMENT, SERUM	\$16.65
86978	RBC PRETREATMENT, SERUM	\$19.97
Z2004	SURGICAL PATHOLOGY, GR/MX, ABORTION DERIVED TISSUE	\$30.40
Z2500	NEWBORN SCREENING TESTS FOR PKU	\$59.00